

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

7462

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>285</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>			
c. LENGTH OF STAY (in this place) <u>2 mos. 8</u>				d. STREET ADDRESS (If rural, give location) <u>Tarkio, Missouri</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Tarkio, Missouri</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Oca</u> b. (Middle) <u>Lawson</u> c. (Last) <u>Lawson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>March 8, 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 16, 1891</u>	
9. AGE (In years last birthday) <u>57</u>		10. IF UNDER 1 YEAR Months <u>57</u> Days <u>0</u>		11. IF UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>			
11. BIRTHPLACE (State or foreign country) <u>Tarkio, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			
14. NAME OF HUSBAND OR WIFE <u>Paul Lawson</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Lawson, Tarkio, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Stenosis & insufficiency</u> ? <u>4 1/2 months</u> ANTECEDENT CAUSES <u>Rheumatic fever in childhood</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>4 1/2 months</u> DUE TO (c) <u>8 wks</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis, Pulmonary Edema</u> <u>4 1/2 X</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Joseph Buchanan Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Oct 27, 1948</u> , to <u>Mar 8, 1949</u> , that I last saw the deceased alive on <u>Mar 8, 1949</u> , and that death occurred at <u>4:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thomas L. Howden M.D.</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>			
23c. DATE SIGNED <u>3-9-49</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>			
24b. DATE <u>3/8/49</u>				24c. NAME OF CEMETERY OR CREMATORY			
24d. LOCATION (City, town, or county) (State) <u>Tarkio, Missouri</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Heaton-Bowman St. Joseph, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 12, 1949</u>				REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 29 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James B. Hawkins

Licensed Embalmer No. 4536

P. O. Address 319 S 10th St. Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.